



4. Home health nurse
5. Home health aide
6. Home delivered meals
7. Homemaker
8. Personal care
9. Respite, if provided on a regular basis
10. Regularly scheduled medically necessary transportation when the round trip mileage exceeds 100 miles. These costs do not need to be included if similar costs would be incurred while in a nursing facility. For example, if dialysis transportation costs for a HCBS member would be similar if the member were in an institutional setting, these costs would not be included on the CES.
11. Emergency alert systems
12. Non-customized durable medical equipment (DME) included in the nursing facility per diem and having a value exceeding \$300, regardless of purchase or rental (for example, standard wheelchairs, walkers, hospital beds). DME items covered under other insurance may be omitted from the CES until the Contractor assumes responsibility for partial or full payment.
13. Partial care (supervised, therapeutic and medical day programs)
14. Behavioral management (behavioral health personal assistance, family support and peer support)
15. Psychosocial rehabilitation (living skills training, health promotion, pre-job training, education and development, job coaching and employment support)
16. Assisted living facilities, and
17. Behavioral health alternative residential settings.



N. Services which are not to be included in a CES include:

1. Hospice services
2. Customized DME items
3. Physical, speech, occupational and/or respiratory therapies
4. Medical supplies and pharmaceuticals
5. Behavioral health services which are not listed above, and
6. Home modification.

O. If the member only receives ALTCS-covered HCBS that are provided by another funding source (Medicare, Children's Rehabilitative Services, tribal entities), s/he may still be in a HCBS placement and therefore must have a CES completed. The CES should be completed indicating the services received, but with no unit cost paid by the Contractor.

IV. PLACEMENT/SERVICE PLANNING STANDARD

The case manager is responsible for facilitating placement/services based primarily on the member's choice. Additional input in the decision-making may come from the member's guardian/family/significant other, the case manager's assessment, the Pre-Assessment Screening, the members PCP and/or other service providers.

A guiding principle of the ALTCS program is that members are placed and/or maintained in the most integrated/least restrictive setting. This needs to be the placement goal for ALTCS members as long as cost effectiveness standards can be met in the HCB setting.

A. After the needs assessment is completed, the case manager must discuss the cost effectiveness and availability of needed services with the member and/or member representative.